



ST. VERONICA
ROMAN CATHOLIC PARISH

ST. VERONICA NURSERY

The complimentary Nursery Service is available year-round on Sunday mornings during the 9:30am Mass.

Children up to age 3 are invited to attend. This is your chance to enjoy a prayerful time with our Lord during Mass while your little one is having fun under the watchful care of fellow parents.

The Nursery Service is a “cooperative” venture, meaning that parents taking advantage of this opportunity are expected to share baby-sitting duties on a rotating basis.

All parents are required to complete the Virtus® Awareness Session and be fingerprinted before volunteering with children. Call the parish office for further information regarding the Archdiocesan approval process.

For more information, please contact the Tammy McConnell at 513-248-1473 or tammyg1111@hotmail.com



**RELIGIOUS EDUCATION PROGRAMS
 SAINT VERONICA Parish and School 688-3155
 NURSERY REGISTRATION**

Nursery is offered year-round on Sunday mornings for children up to three years of age. This Nursery is available during the 9:30am Mass.

The Nursery service is a "cooperative" venture. Parents taking advantage of this opportunity are expected to share baby-sitting duties on a rotating basis. **All adult volunteers are required to take the Virtus® Awareness Session** offered by the Archdiocese of Cincinnati and **be Fingerprinted**.

For further information, please contact Nursery Coordinator, Tammy McConnell at 513-248-1473 or Faith Formation Office at 513-688-3155 or Bill@stveronica.org.

Child's Name: _____ **Nickname:** _____
Date of Birth: _____

Parents' Names: _____ *(Mother)* _____ *(Father)*

Address: _____

Phone: _____ *(Cell)* _____ *(Home)* **Registered Parish?** Y N

Child Allergies (food or other): _____

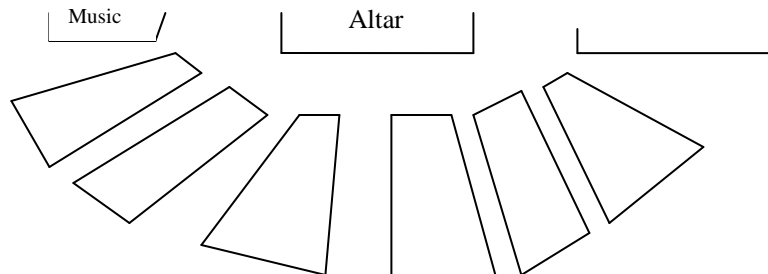
Medical Considerations: _____

Ideas for Comfort (blanket, toy, rocking, etc.): _____

Siblings in Preschool REP: _____

Other Helpful Information: _____

Please use diagram below to indicate where you sit in Church while your child is in the Nursery.



___ I am teaching/helping in preschool classes during this time.

ARCHDIOCESE OF CINCINNATI

PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 7-2005)

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the reverse and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

3a. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:

(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.

(ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.

4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent or Guardian _____ Date ____/____/____

Address _____ City _____ Zip _____

Place of Employment _____

Address _____ City _____ Zip _____

Phone: (w) _____ (h) _____ (c) _____ (email) _____

Emergency Contact _____ Phone: (w) _____ (h) _____ (c) _____

Medical Information — Completed by Parent or Guardian — *Please Print*

Child's Name _____ Birth date _____

Child's Social Security # * _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone: (h) _____ (w) _____ (c) _____

Member's Birth Date ____/____/____ Member's Social Security # * _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

*Social Security number is optional; however, please note that some hospitals WILL NOT treat without it.
(See reverse for activity information ≡)

ACTIVITY INFORMATION

Completed by Church Agency - Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

A. On-Going Program

Church Agency St. Veronica Parish Program or Group Nursery Coop

Starting Date on-going Ending Date on-going Registration Fee NA

Usual Location St. Veronica Church Usual day & time Sundays 9:30a m-10:30 am

Routine Activities: Child Care

Group Leader Mr. Bill Frantz, Director of Faith Formation Telephone No. (513) 688-3155

Other Information Tammy McConnell – Nursery Coordinator 513-248-1473

Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

B. One-Time Activity

Church Agency _____

Activity _____

Location _____ Emergency No. _____ Cost _____

Starting Date and Time _____ Meeting Place _____

Ending Date and Time _____ Meeting Place _____

Activities _____

Involved _____

Type of Transportation (if any) _____

Group Leader _____ Telephone _____

No. _____

Other Information _____

Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)